Complete Summary

GUIDELINE TITLE

Prevention of secondary disease: mental health care.

BIBLIOGRAPHIC SOURCE(S)

New York State Department of Health. Prevention of secondary disease: mental health care. New York (NY): New York State Department of Health; 2006 Dec. 7 p. [4 references]

GUIDELINE STATUS

This is the current release of the guideline.

COMPLETE SUMMARY CONTENT

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SCOPE

DISEASE/CONDITION(S)

- Human immunodeficiency virus (HIV) infection
- Mental health disorders
    - Cognitive impairment
    - Depression
    - Anxiety
    - Post-traumatic stress disorder (PTSD)
    - Alcohol and substance use
    - Suicidal/violent ideation

GUIDELINE CATEGORY

Prevention
Screening

CLINICAL SPECIALTY

Allergy and Immunology
Family Practice
Infectious Diseases
Internal Medicine
Preventive Medicine
Psychiatry
Psychology

INTENDED USERS

Advanced Practice Nurses
Health Care Providers
Nurses
Physician Assistants
Physicians
Public Health Departments

GUIDELINE OBJECTIVE(S)

To provide guidelines for mental health screening in human immunodeficiency virus (HIV)-infected patients to prevent secondary disease

TARGET POPULATION

Human immunodeficiency virus (HIV)-infected patients

INTERVENTIONS AND PRACTICES CONSIDERED

1. Mental health screening
   - Assessing symptoms such as depression, agitation, anxiety, suicidal ideation
   - Assessing past medical history
   - Assessing alcohol and substance use
2. Referring patients to mental health services
3. Collaboration of primary care clinician with mental health care provider

MAJOR OUTCOMES CONSIDERED

Suicide risk in HIV-infected patients

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)
Hand-searches of Published Literature (Secondary Sources)
Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Expert Consensus (Committee)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

AIDS Institute clinical guidelines are developed by distinguished committees of clinicians and others with extensive experience providing care to people with HIV infection. Committees* meet regularly to assess current recommendations and to write and update guidelines in accordance with newly emerging clinical and research developments.

The Committees* rely on evidence to the extent possible in formulating recommendations. When data from randomized clinical trials are not available, Committees rely on developing guidelines based on consensus, balancing the use of new information with sound clinical judgment that results in recommendations that are in the best interest of patients.

* Current committees include:

- Medical Care Criteria Committee
- Committee for the Care of Children and Adolescents with HIV Infection
- Dental Standards of Care Committee
- Mental Health Committee

- Women's Health Committee
- Substance Use Committee
- Physician's Prevention Advisory Committee
- Pharmacy Committee

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

All guidelines developed by the Committee are externally peer reviewed by at least two experts in that particular area of patient care, which ensures depth and quality of the guidelines.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Mental Health Screening in the Primary Care Setting

The primary care clinician should conduct a mental health assessment at baseline and at least annually thereafter (see Tables 2, 3, and 4 below).

Table 2 Primary Care Mental Health Screening

Screen all human immunodeficiency virus (HIV)-infected patients for mental health disorders at baseline and annually. Assess the following:
- Cognitive impairment   - Depression   - Anxiety   - Sleep habits and appetite   - Post-traumatic stress disorder (PTSD)   - Psychosocial status   - Psychiatric history, including psychotropic medications   - Alcohol and substance use   - Suicidal/violent ideation

Table 3 Questions to Identify Mental Health Disorders

Cognitive Impairment

- *Have you had difficulty reasoning and solving problems?*
- *Have you forgotten things that have happened recently?*
- *Have you had trouble keeping your attention on any activity for long?*
- *Have you had difficulty doing activities involving concentration and thinking?*

Depression

During the past month:

- *Have you experienced little interest or pleasure in doing things?*
- *Have you felt down, depressed, or hopeless?*

Anxiety

- *Do you often worry or feel nervous?*
- *Are you often fearful of interacting with other people?*
- *Do you ever feel jittery, short of breath, or like your heart is racing?*
- *Do you ever feel as if you might lose control or fear that you may be "losing it"?*

Sleep and Appetite

- *Do you have problems either falling asleep or staying asleep?*
- *Do you have problems either with eating too much or too little?*

Post-Traumatic Stress Disorder (PTSD)

In your life, have you ever had any experience that was so upsetting, frightening, or horrible that you:

- *Have nightmares about it or think about it when you do not want to?*
- *Try hard not to think about it or go out of your way to avoid situations that remind you of it?*
- *Are constantly on guard, watchful, or easily startled?*
- *Feel numb or detached from others, activities, or your surroundings?*

Psychosocial Status

- *Where do you live?... How long have you lived there?*
- *Where do you work?...How long have you worked there?*
- *Do you have contact with family and friends?*
- *Do you have a partner?*
- *Do you feel safe in your current relationship?*

Elements of Past Psychiatric History

- Mental health diagnoses
- Psychotropic medications
- Past psychiatric hospitalizations

• Contact information for mental health clinicians, if applicable
Suicide
• See Figure 1 in the original guideline document

Key Point:

A significant percentage of patients who commit suicide will have seen their primary care clinician in the month before their suicide. This underscores the importance of routine mental health screening in the primary care setting, which can help identify patients who are at risk for suicide and enable them to receive treatment for the underlying cause of their suicidal behavior.

Table 4 Alcohol and Substance Use Assessment*

Questions to Assess for Substance Use
• *Have you ever used any street drugs such as heroin, methamphetamine, ecstasy/methylenedioxymethamphetamine (MDMA), cocaine, crack, or marijuana?* • *When was the last time?* • *Are you interested now in any substance use services or treatment?* If the patient has a history of substance abuse, proceed with further evaluation and referral to treatment program or mental health specialist.
Questions to Assess for Alcohol Use There are several tools available to screen for alcohol use. One simple and effective tool for identifying present or past use is the CAGE questionnaire. If the patient answers "yes" to two or more questions, it is suggestive of a problem, and the clinician should offer referral to appropriate services and should re-evaluate alcohol use at least quarterly. • *Have you ever felt that you should **C**UT DOWN on your drinking?* • *Have people **A**NNOYED you by criticizing your drinking?* • *Have you ever felt bad or **G**UILTY about your drinking?* • *Have you ever had a drink first thing in the morning (an **E**YE OPENER) to steady your nerves or to get rid of a hangover?*

*For additional screening tools and guidance for assessing substance and alcohol use in HIV-infected patients, refer to the National Guideline Clearinghouse summary of the New York State Health Department's guideline, Screening and Ongoing Assessment for Substance Use.

Referring Patients to Mental Health Services

Clinicians should obtain an emergency evaluation for patients who present with acute psychosis and when there is a risk of violence to self or others.

Clinicians should be familiar with the resources available in the community to make the most appropriate referral when needed.

Table 5 When to Refer to a Mental Health Professional

Emergent referral:

- Risk of violence to self or others (suicidal/violent ideation)
- Acute psychosis—general medical disorders, such as metabolic or cerebrovascular disorders, infections, head trauma or alcohol/drug intoxication, should be excluded in the emergency setting

Non-emergent referral:

- Delusions
- Hallucinations
- Grandiosity/flight of ideas/loose association/disordered thinking
- Inadequate response to mental health treatment initiated by the primary care clinician
- Relapse of psychiatric symptoms while on treatment
- Active substance use or relapse to substance use with mental disorder (refer to program for triply diagnosed patients)
- Complex mental status evaluations become necessary or a patient's behavior jeopardizes effective treatment

Coordination of Care: Role of the Primary Care Clinician

Primary care clinicians should notify the mental health care provider when there is a change in medical treatment, maintain communication with the mental health provider to monitor adherence, and document changes in mental health treatment.

Table 6: The Role of the Primary Care Clinician When Coordinating Care with the Mental Health Professional

- Ask patients follow-up questions regarding mental health, recovery, and treatment progress as a routine part of monitoring visits.
- Include mental health issues in medical problem lists, progress notes, and corresponding medical assessments and plans.
- Consider patients' mental status, particularly suicidal and violent ideation and alcohol use or other substance use, before prescribing medications. For medications that can be lethal in overdose or otherwise misused by patients who are currently at risk for these behaviors, consider prescribing smaller quantities.
- Clarify whether the mental health professional has prescribing privileges and/or access to a psychiatrist who will prescribe and monitor psychotropic medication as needed.
- Monitor interactions between patients' physical and mental conditions and the effects of psychotropic and other medications.
- Maintain follow-up contact with patients' mental health treatment program(s)

> to monitor adherence and document medication changes.
> - Consider active substance use or relapse to substance use as a factor in the above recommendations when appropriate.
> - Consider mental illness and/or substance use as possible underlying causes of unexplained signs or symptoms, laboratory abnormalities, changes in behavior, or adherence with medical treatment.

CLINICAL ALGORITHM(S)

An algorithm is provided in the original guideline document for assessing and managing suicidal or violent patients.

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is not specifically stated for each recommendation.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Appropriate mental health care resulting in prevention of mental health disorders in human immunodeficiency virus (HIV)-infected patients

POTENTIAL HARMS

Not stated

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

The AIDS Institute's Office of the Medical Director directly oversees the development, publication, dissemination and implementation of clinical practice guidelines, in collaboration with The Johns Hopkins University, Division of Infectious Diseases. These guidelines address the medical management of adults, adolescents and children with HIV infection; primary and secondary prevention in medical settings; and include informational brochures for care providers and the public.

The HIV Clinical Guidelines Program works with other programs in the AIDS Institute to promote adoption of guidelines. Clinicians, for example, are targeted through the Clinical Education Initiative (CEI) and the AIDS Education and Training Centers (AETC). The CEI provides tailored educational programming on site for health care providers on important topics in HIV care, including those addressed by the HIV Clinical Guidelines Program. The AETC provides

conferences, grand rounds and other programs that cover topics contained in AIDS Institute guidelines.

Support service providers are targeted through the HIV Education and Training initiative which provides training on important HIV topics to non-physician health and human services providers. Education is carried out across the State as well as through video conferencing and audio conferencing.

The HIV Clinical Guidelines Program also works in a coordinated manner with the HIV Quality of Care Program to promote implementation of HIV guidelines in New York State. By developing quality indicators based on the guidelines, the AIDS Institute has created a mechanism for measurement of performance that allows providers and consumers to know to what extent specific guidelines have been implemented.

Finally, best practices booklets are developed through the HIV Clinical Guidelines Program. These contain practical solutions to common problems related to access, delivery or coordination of care, in an effort to ensure that HIV guidelines are implemented and that patients receive the highest level of HIV care possible.

IMPLEMENTATION TOOLS

Chart Documentation/Checklists/Forms
Clinical Algorithm
Personal Digital Assistant (PDA) Downloads
Quick Reference Guides/Physician Guides
Slide Presentation

For information about availability, see the "Availability of Companion Documents" and "Patient Resources" fields below.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Living with Illness
Staying Healthy

IOM DOMAIN

Effectiveness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

New York State Department of Health. Prevention of secondary disease: mental health care. New York (NY): New York State Department of Health; 2006 Dec. 7 p. [4 references]

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2006 Dec

GUIDELINE DEVELOPER(S)

New York State Department of Health - State/Local Government Agency [U.S.]

SOURCE(S) OF FUNDING

New York State Department of Health

GUIDELINE COMMITTEE

Not stated

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Not stated

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

GUIDELINE AVAILABILITY

Electronic copies: Available from the New York State Department of Health AIDS Institute Web site.

AVAILABILITY OF COMPANION DOCUMENTS

The following are available:

- Mental health screening: a quick reference guide for HIV primary care clinicians. Available from the New York State Department of Health AIDS Institute Web site. See the related QualityTool summary on the Health Care Innovations Exchange Web site.
- The hidden epidemic in people with HIV infection. Slide presentation. Available from the New York State Department of Health AIDS Institute Web site.
- Screening tools for completing mental health assessments in HIV primary care settings. Available from the New York State Department of Health AIDS

Institute Web site. See the related QualityTool summary on the Health Care Innovations Exchange Web site.

This guideline is available as a Personal Digital Assistant (PDA) download from the New York State Department of Health AIDS Institute Web site.

PATIENT RESOURCES

None available

NGC STATUS

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